

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

GOVERNMENT EMPLOYEES INSURANCE  
COMPANY, et al.,

Plaintiff(s)

V.

U.S. MED SUPPLY CORP., et al.

Defendant(s)

Civil Action No. 22-CV-743

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* See Annexed Rider

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in **Fed. R. Civ. P. 12** (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Barry I. Levy/Michael A. Sirignano/Michael Vanunu/Philip P. Nash  
Rivkin Radler, LLP  
926 RXR Plaza  
Uniondale, New York 11556

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 2/10/2022

/s/ P. Neptune

\_\_\_\_\_  
Signature of Clerk or Deputy Clerk



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Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RIDER "A" TO SUMMONS IN  
GOVERNMENT EMPLOYEES INSURANCE COMPANY, et al. v.  
U.S. MED SUPPLY CORP., et al.**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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GOVERNMENT EMPLOYEES INSURANCE  
COMPANY, GEICO INDEMNITY COMPANY,  
GEICO GENERAL INSURANCE COMPANY and  
GEICO CASUALTY COMPANY,

Docket No.: \_\_\_\_\_ (     )

Plaintiffs,

-against-

U.S. MED SUPPLY CORP., DAVID COSTA, and  
JOHN DOE DEFENDANTS 1-10,

Defendants.

-----X

**Named Defendants:**

**U.S. MED SUPPLY CORP.**

c/o New York Secretary of State  
99 Washington Avenue  
Albany, New York 12231-0001

**DAVID COSTA**

22 Fairway Drive  
Great Neck, New York 11020-1122